



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
AUTHORIZATION TO RELEASE
INFORMATION

PLEASE PRINT

COMPLETE AND SEND TO:
ASRS
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
Fax (602) 240-2096
www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings regarding the individual's account.

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Mailing Address			Daytime Telephone Number ()
City	State	ZIP	Date of Birth (MM/DD/YYYY)

By my signature below, I hereby authorize the Arizona State Retirement System and/or its agents, to release to the following and/or his/her agents any and all data or information that may be requested concerning my Arizona State Retirement System benefits.

Name of Organization / Individual			
Name of Organization Representative (if applicable)			
Address		Telephone Number ()	
City	State	ZIP	

Signature and Notary

Member Signature	Date
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State of Arizona)

)

County of _____)

On this _____ day of _____, 20_____, before me personally appeared

_____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(seal)

Notary Public

